



*Community
Health
Services*

***Primary Health
Care***

**ANNUAL
REPORT
for 2002**



Washington State
Health Care Authority

Health Care Authority Community Health Services Primary Health Care 2002 Annual Report

The Mission

The mission of the Health Care Authority's (HCA) Community Health Services (CHS) Primary Health Care Program is to promote access to prevention and illness care for underserved and uninsured low-income populations in Washington State.

To accomplish this mission, the CHS Primary Health Care Program:

- Provides over nine million dollars annually for dental, medical, and migrant funding to thirty-one (31) not-for-profit community health clinics that operate over 120 delivery sites throughout the state. This money is targeted to help pay for services to people who are at or below 200% of the Federal Income Guidelines (FIG), sometimes referred to as federal poverty level, and have no other coverage such as Medicaid and/or Basic Health.
- Monitors and assures contractor (clinics) compliance with terms and conditions of their contract(s).
- Provides technical assistance, consultation, education and training for contracted clinics and potential new clinics.
- Collects, analyzes and distributes health related data supplied by the clinics.
- Fosters support and provides information regarding community clinic dental, medical and migrant services within other state agencies.

The Community Health Clinics

The community health clinics represent a network of not-for-profit agencies that provide an array of services to low-income and/or special populations with a focus on medical and/or dental care.

Some of the special populations targeted to receive clinic services include the following:

- | | |
|--|---------------------------|
| ♦ Migrant seasonal farm workers | ♦ Uninsured low-income |
| ♦ Other minority populations | ♦ Underserved low-income |
| ♦ People with HIV/AIDS infections | ♦ Homeless |
| ♦ People with developmental disabilities | ♦ Elderly |
| ♦ Substance abusers | ♦ Refugees |
| ♦ Mental health consumers | ♦ Geographically isolated |

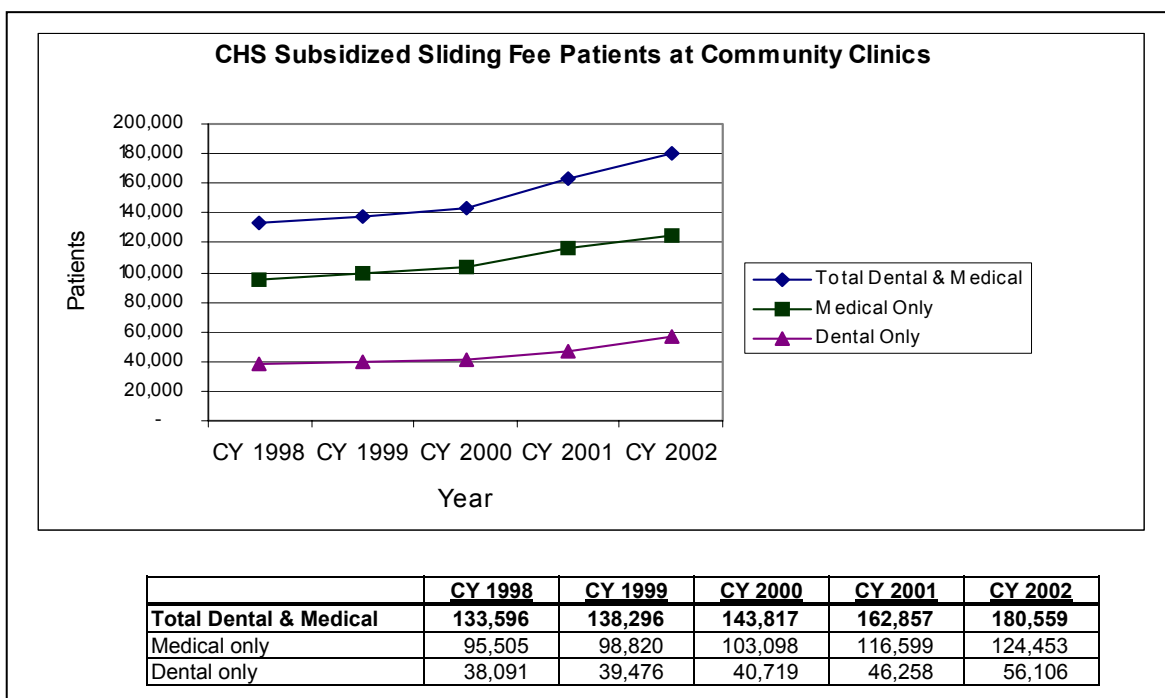
The following facts provide some background on the 31 community health clinics and/or systems in Washington State funded by the HCA for calendar year (CY) 2003:

- A total of 417,785 medical clients and 160,715 dental clients received services at the community health clinics (based on CY 2002 data, which was used for funding in CY 2003-04).

- Out of the total number of clients receiving services at the community health clinics, 85% (350,729 medical and 142,956 dental clients) had incomes at or below 200% of the federal income guidelines (FIG).
- Thirty-six percent (36%) of the client population (180,559) with incomes at or below 200% of the FIG had no insurance coverage such as Medicaid, Medicare, and/or Basic Health (BH). This is the primary population that CHS funds assist in paying for services.
- The largest non-English native language group to receive clinic services is the Hispanic population, which represents approximately thirty-nine percent (38.5%) of the total number of patients served.
- The community health clinics are located in 27 of the 39 counties in Washington State with over 120 separate delivery sites that serve residents of all counties.
- The clinics are generally located in geographic areas where there is a shortage of health professionals. These geographic areas include inner cities, industrialized areas and rural regions.

Community health clinics not only function as providers of health care, they coordinate services with other state programs, such as:

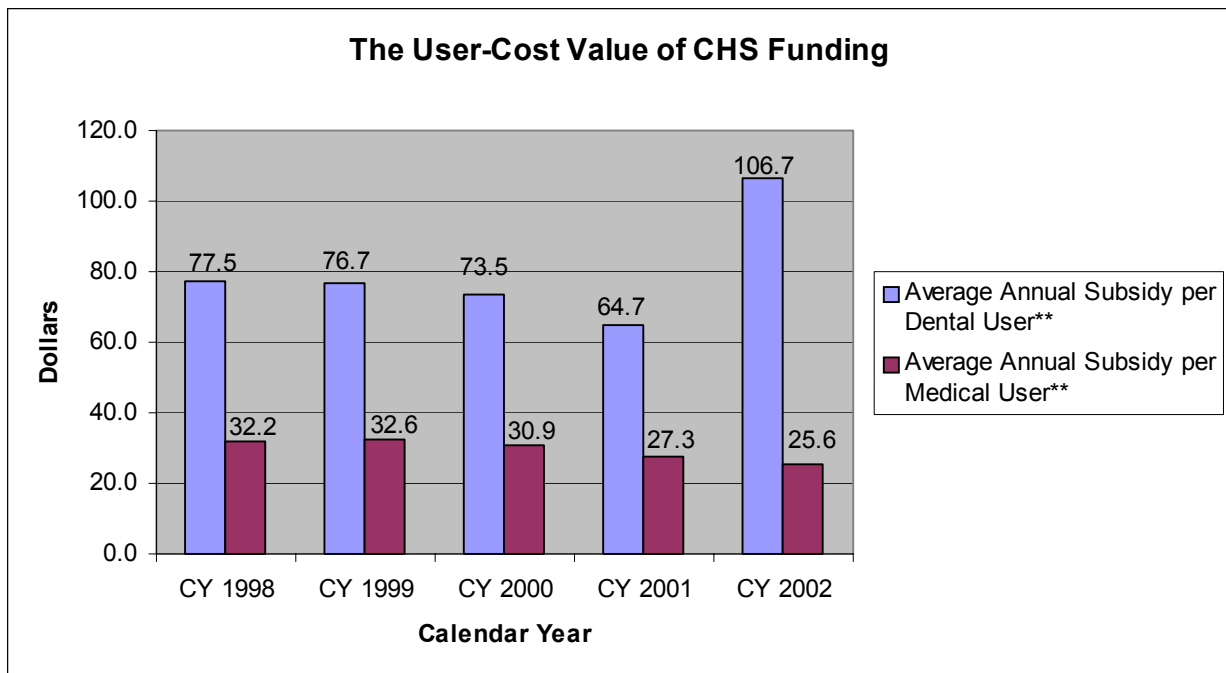
- ♦ Basic Health
- ♦ WIC Program
- ♦ First/Second Steps
- ♦ Maternal and Child Health
- ♦ Medical Assistance Administration
- ♦ HIV/AIDS
- ♦ Rural Health
- ♦ Division of Alcohol and Substance Abuse
- ♦ Mental Health Division
- ♦ Division of Developmental Disabilities
- ♦ Commission on Hispanic Affairs



The User Value of CHS Primary Health Care Funding

CHS funds provide a very tangible value to those patients seeking care at community health clinics that are at or below 200% of the Federal Income Guidelines and have no other coverage. During the current year CHS is providing approximately \$107 per dental user and \$26 per medical user to each of our contracting clinics. While this amount does not usually cover the entire cost of care, it allows the clinics to maximize other revenue sources to make up the cost difference.

The value to the state comes from providing funding that assists access to quality health care for uninsured populations at a reasonable investment. While the total cost of health care is increasing, the portion the State pays for this population has actually decreased (exception being dental in 2002(a). Please see footnote.) as demonstrated in the following table:



	CY 1998	CY 1999	CY 2000	CY 2001	CY 2002
Dental					
Total CHS Dental Funding*	2,950,218	3,026,994	2,992,645	2,992,645	5,988,375
Sliding Fee Dental Users	38,091	39,476	40,719	46,258	56,106
Average Annual Subsidy per Dental User**	77.5	76.7	73.5	64.7	106.7
Medical					
Total CHS Medical Funding***	3,070,634	3,220,027	3,187,293	3,187,293	3,188,876
Sliding Fee Medical Users	5,505	98,820	103,098	116,599	124,453
Average Annual Subsidy per Medical User**	32.2	32.6	30.9	27.3	25.6

* Includes both General Dental and Migrant Dental

** Note: decreased cost to state reflects increased cost value.

*** Includes both General Medical and Migrant Medical

(a) In 2002, dental funding was increased by approximately \$3 million to provide enhanced reimbursement of services for approximately 6,800 additional patients.

Policies of Community Health Clinics

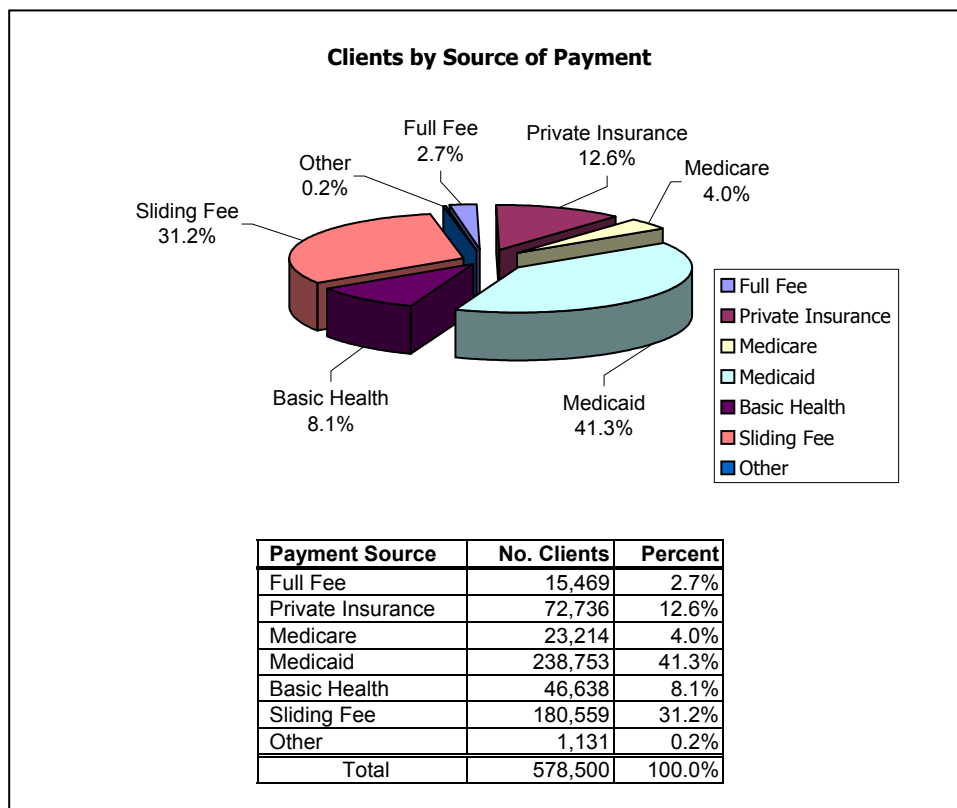
Community health clinics are different from other health care delivery systems. They receive state funding which mandates they:

- Provide health care regardless of an individual's ability to pay;
- Have an established sliding fee schedule for the adjustment of charges, based upon an individual's ability to pay;
- Be governed by a board of directors, which has representatives of the client populations served;
- Have established policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served; and
- When appropriate, maintain bilingual or multilingual staff, which enables them to communicate with the individuals served.

How Clients Pay

The majority of patients who utilize the clinics are either recipients of Medicaid (41%) or qualify for a sliding fee schedule (31%) that adjusts charges for services received. These sliding fee clients must be at or below 200% of the Federal Income Guidelines and have no other insurance coverage such as Medicaid, Medicare, and/or Basic Health.

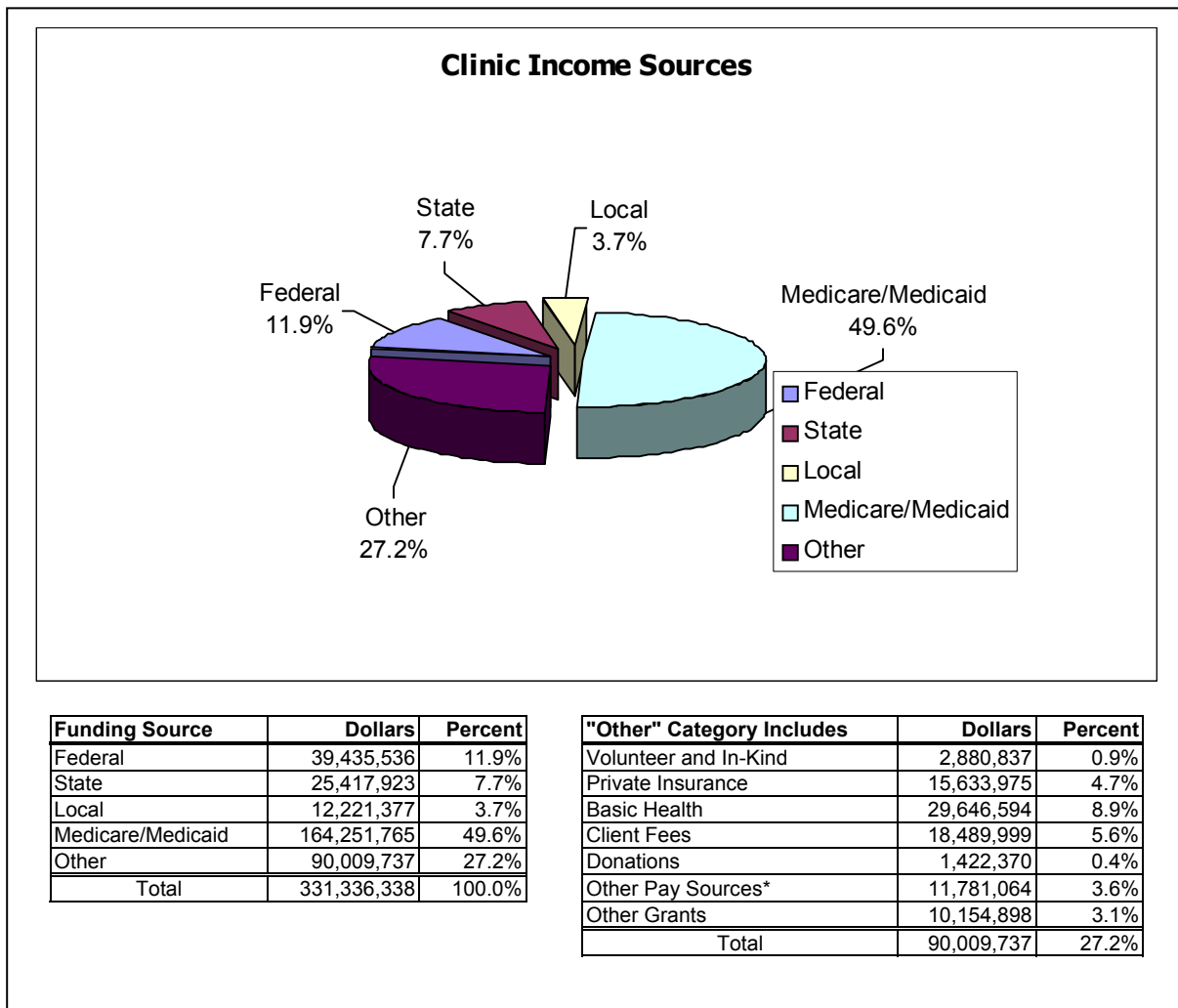
Percent of clients by source of payment is as follows:



Funding the Clinics

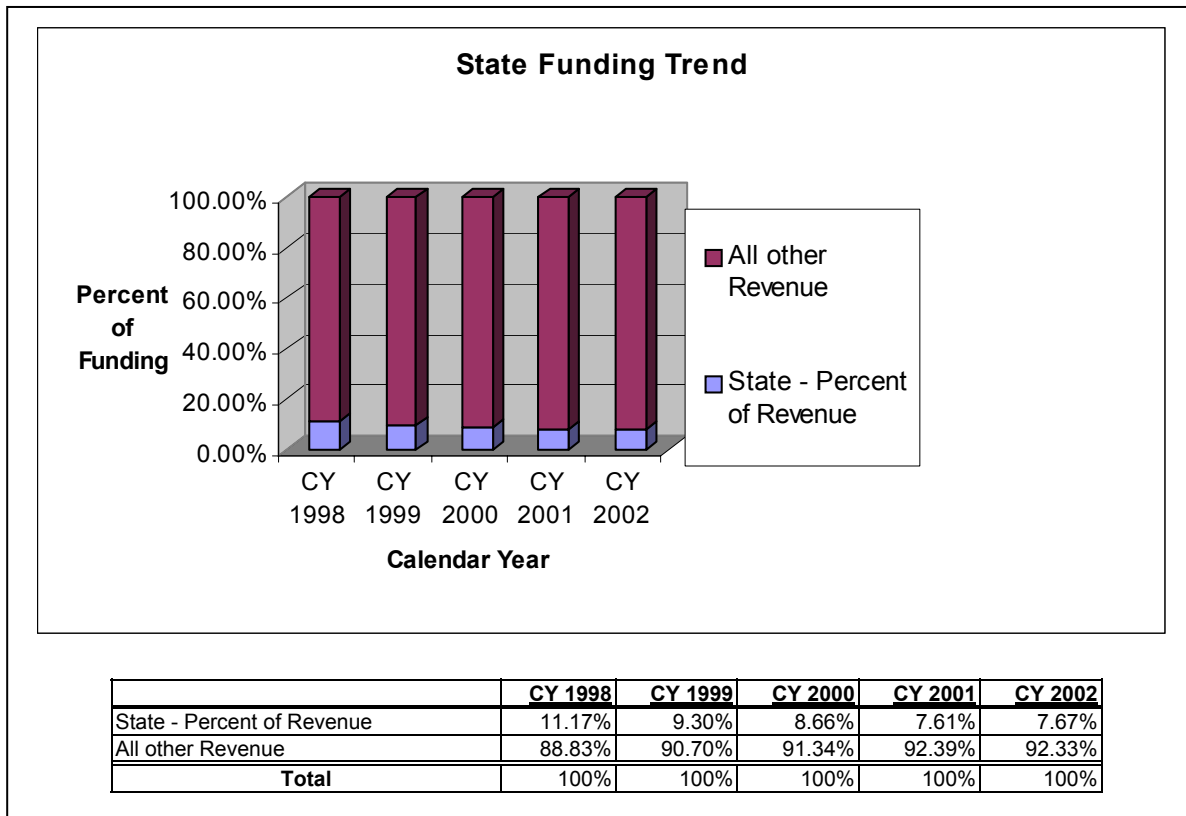
Community health clinics receive funding from multiple sources. The largest source of income comes from reimbursement for services that is paid by third-party payers such as Medicare, Medicaid and private insurance. The next largest source of income comes from funds received from federal, state and local governmental agencies. These government funds account for 22.9% of the total funding received by the clinics.

Percent of income by source is as follows:



Funding awards from the HCA are targeted to the number of patients a community health clinic serves who are at or below 200% of the Federal Income Guidelines and have no other insurance coverage such as Basic Health and/or Medicaid.

The state portion of total revenue has, in general, declined over the past five years. This is because clinic revenue from most other sources increased during this period while total state funding remained relatively flat by comparison.



Scope of Service

Direct clinical services are provided by one or more of the following health professionals: physicians; physician assistants; advanced registered nurse practitioners; dentists and dental hygienists.

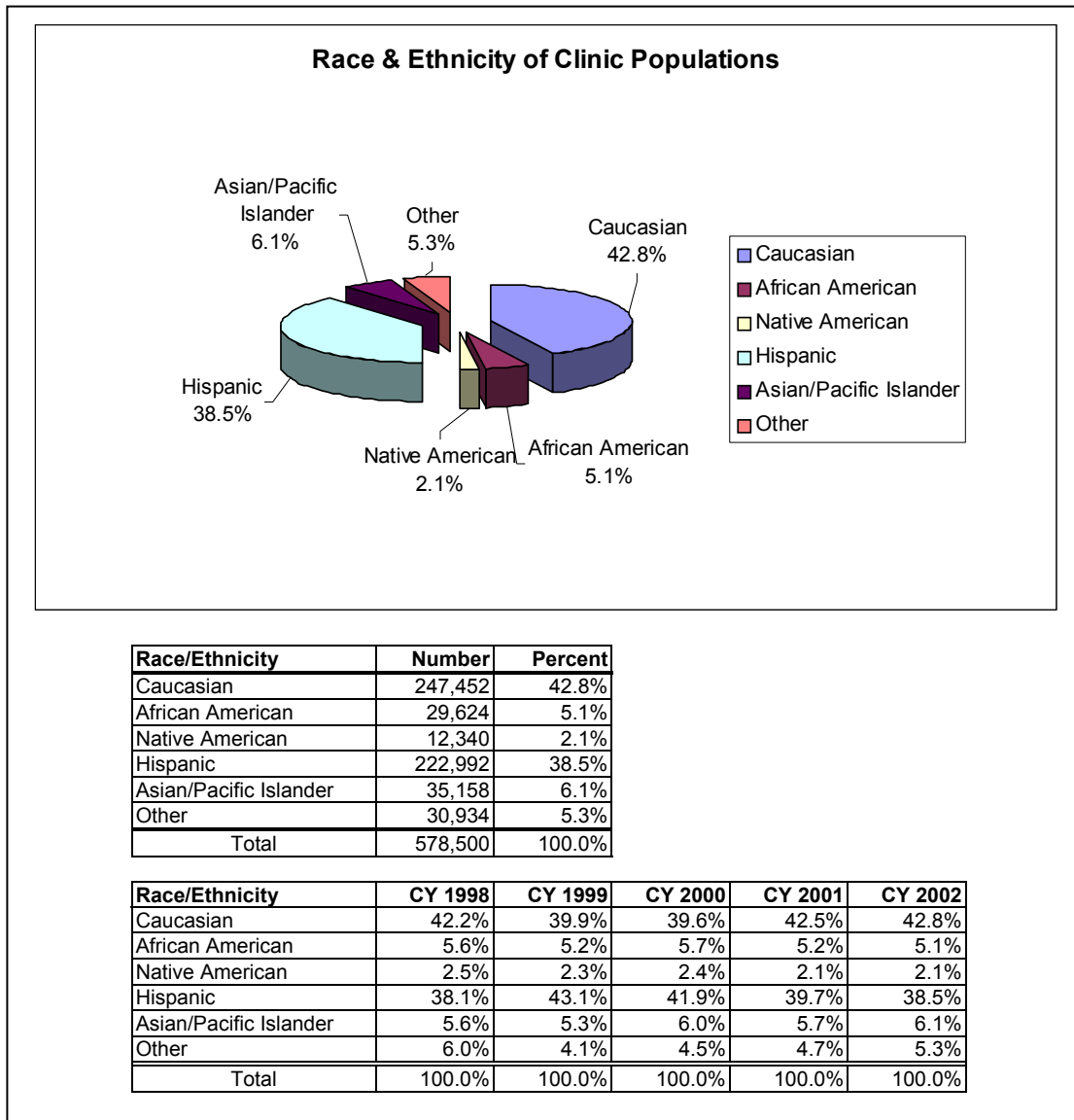
Some of the services provided, or arranged for, include:

- ◆ Periodic Screening: Children, Adolescents, Adults
- ◆ Well Child Care
- ◆ Family Planning
- ◆ Prenatal/Postpartum Care
- ◆ Normal Obstetrical Deliveries
- ◆ High Risk Obstetrical Deliveries
- ◆ Nutrition Assessments and Education
- ◆ Preventive, Restorative and Emergent Dental Care
- ◆ Acute/Episodic Medical Care
- ◆ Management of Chronic Medical Problems
- ◆ Emergency/After Hours Medical Services

Clinics provide, or arrange for, 24-hour coverage.

Client Populations

While the number of CHS Primary Health Care customers has increased steadily in the five years ending in 2002, the racial and ethnic proportions have stayed relatively the same. The following chart shows the race and ethnicity of client populations for CY 2002 and compares these proportions over the past five years.



Issues of Importance (As identified by representatives of community health clinics)

Availability of Health Professionals for Underserved Populations

The availability of health care professionals to the state's underserved populations remains an issue of importance to Washington's Community Health Clinics.

Dental Care

Access to preventive and restorative dental care is one of the most critical needs among low-income, uninsured and special populations in Washington State.

Lack of Transportation

For people who are home-bound, have limited access to transit systems, and for people living in rural Washington, the availability of transportation services is critical to gaining access to needed health care services.

Rural Health Care

Addressing the needs of rural health care systems will be necessary for continued access in rural areas.

Services to Homeless People

The problem of homelessness is increasing as affordable housing becomes more and more scarce. Homelessness is not limited to large urban areas such as Spokane, Everett, Tacoma and Seattle, but it is also a problem in rural areas and in smaller cities such as Mt. Vernon, Bellingham and Yakima.

Substance Abuse Prevention and Treatment

Substance abuse is a serious problem. Substance abuse not only affects the health and well-being of the abuser, but also the health and well-being of the abuser's family and friends.

Managed Care and Low-income Populations

Straining the resources of all the community clinics is balancing the financial model of managed care with the needs of special populations.

Translation

Finding funding and personnel to expand translation services is becoming increasingly difficult. During the past five years there has been a tremendous influx of new populations within the state who are both low-income and speak minimal English.

Mental Health

There is a tremendous increase in the demand, and lack of adequate funding, for mental health services at all the community clinics. These services include but are not limited to assessment, short-term treatment on site and referral to mental health providers outside the clinic for long-term care.

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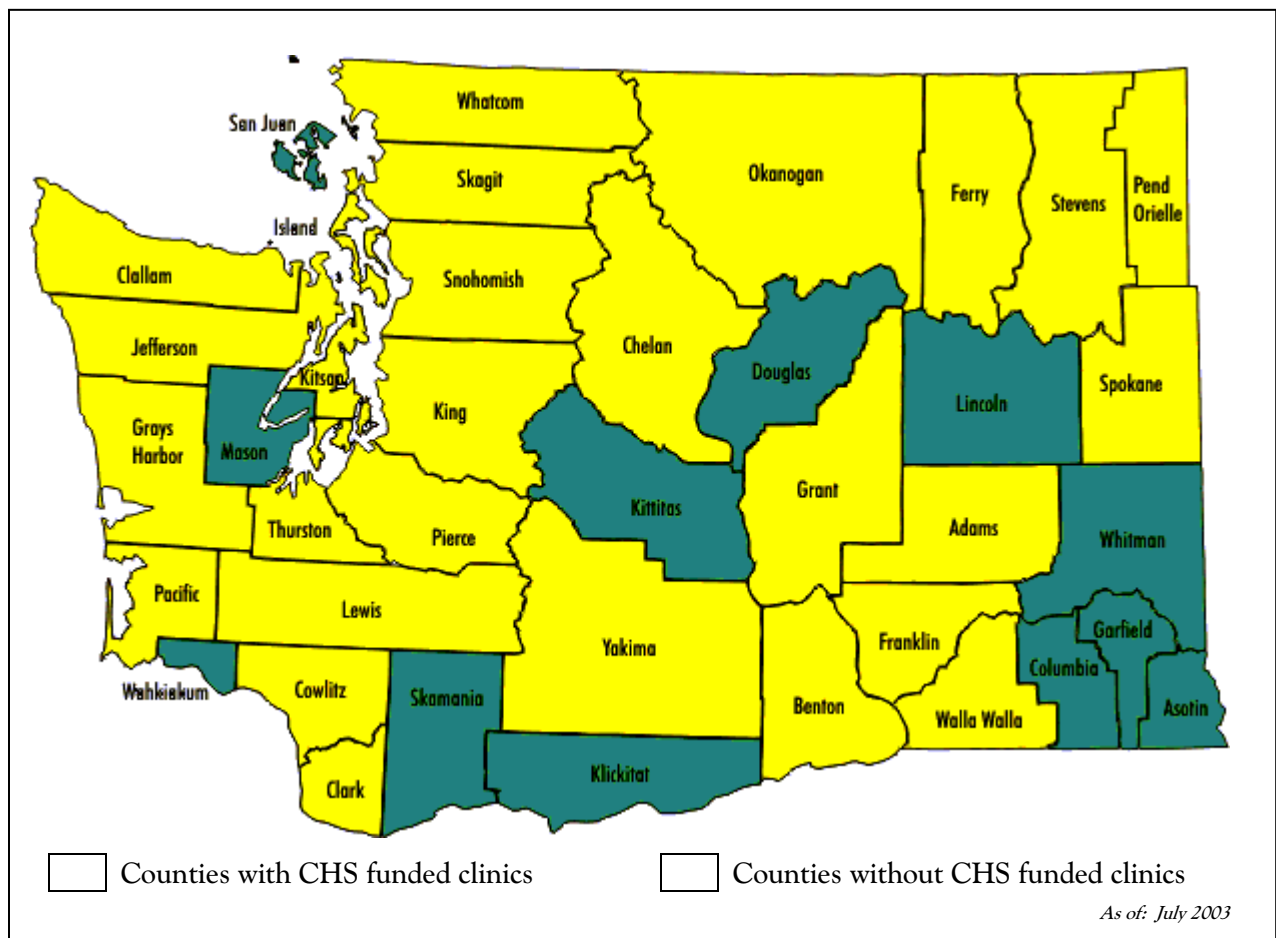
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Community Health Services - Primary Health Care Program Overview

Community Health Services (CHS), Primary Health Care (PHC), promotes access to health care for underserved and uninsured low-income populations in Washington State. It is one of four programs in the Washington State Health Care Authority and provides funding to community clinics to help pay for indigent care.

In 2003, CHS PHC is helping provide medical and dental care for over 180,559 state residents by funding 31 contractors to provide primary health care at approximately 120 delivery sites (individual clinics) in 27 counties.



For a complete list of CHS supported delivery sites by county, or for other information about our program, please visit our web site at www.wa.gov/hca/chs.

You may also contact us at:

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